Camping - Program Expense Reimbursement Form

Dakotas United Methodist Camp and Retreat Ministries

Dakotas United Methodist Camps
Dakotas Conference
THE UNITED METHODIST CHURCH

Dean/Volunteer Name: _____

(One form per person)

Cell phone: _____ E-mail: _____

Mailing Address _____

Camp Event:_____Camp #: _____

Camp Location: _____ Camp Dates: _____

Budget for Program Expenses

Please contact your site director with questions regarding the available budget for program expenses. Each dean will receive reimbursement for approved out-of-pocket administrative and program related expenses. Counselors and deans will receive mileage reimbursement if you elect to do so.

Please complete this form and return **within two weeks** of the conclusion of your camp to:

Dakotas Conference Office, Attn: Finance Office (Camping),
1331 W University Ave, PO Box 460, Mitchell SD, 57301

If you have additional questions, call the central camping office at (855) 622-1973 or info@dakcamps.org.

Total Funds Available for Program Expenses ..... **$**_____

A. Program Expense *(You must attach receipts for all expenses incurred.)*:

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

Total Program Expense ..... **$**_____

B. Dean/Counselor Driver Mileage Expense:
Mileage may be reimbursed at the rate of .456 per mile *(rate is subject to change)*.

Total Mileage Expense = Round Trip Miles: _____ X .456 = ... **$**_____

C. Total Reimbursement:

$_____ + $_____ = $ _____

A. Total Program Expense **+** **B.** Total Mileage Expense = **C.** Total Reimbursement

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Approved By (Site Director): _____ Date: _____

Updated 07/31/26